

CSA TODAY

A NEWSLETTER OF THE OFFICE OF CHILDREN'S SERVICES

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Director's Blog

Scott Reiner, Executive Director

Greetings to all of our CSA colleagues and Happy 2022!! I hope this edition of *CSA Today* finds you well. Since our previous edition, we held what I hope you will agree was a second successful virtual CSA Conference. Our keynote speaker, Dr. De Lacy Davis, challenged and inspired us.



By the time you are reading this, Governor Youngkin will have been inaugurated and our new Secretary of Health and Human Resources, John Littel, confirmed by the General Assembly. The OCS team is excited to brief the new Secretary and his team as they take on their critical work, including leadership of the State Executive Council for Children's Services.

On January 12, the General Assembly convened in what is known as the "long session." Sixty days to act on hundreds of pieces of legislation, including the biennial state budget. OCS will closely monitor the legislative activities, provide input to the Governor's Office on relevant bills, and, when appropriate, seek your feedback as our partners in framing position statements on bills that impact the CSA. This time of year is always a busy but exciting one as the legislature carries out its important work.

There are two ongoing activities in the space where CSA intersects with private special education. First is the planned implementation on July 1, 2022 (as directed by the General Assembly) of a new standardized and transparent set of daily tuition rates for students attending private day special education programs. The work to collect data and establish a rate structure is complete (see the full report (RD686) here). We are now in the process of convening groups of local CSA coordinators, public school special education administrators, and private school representatives to work with OCS and our consultant, PCG, to develop implementation guidelines and procedures.

The workgroup established to facilitate the transfer of special education funding from CSA to the Virginia Department of Education, also directed by the General Assembly, is continuing its work with a final report due in the Fall of 2022. That report will include recommendations about how this transfer can best be accomplished and will be considered by the

Director's Blog (continued)

2023 session of the General Assembly.

At its December meeting, the State Executive Council adopted an updated version of its Strategic Plan, covering 2022 – 2024. The updates from the established plan reflect continuity and building upon progress from the two prior years. There will be an ongoing focus on Policy and Oversight, Leadership and Collective Action, and Empowering Families and Communities. The full text of the Strategic Plan, along with the biennial Progress Report on the CSA, was submitted to the Governor and the General Assembly and was distributed to all CPMT Chairs and other interested parties and can be found here (RD823).

While there is much more I could write about, I suspect by now you have sensed that our plate here at CSA is full, as I am sure it is for each of you. I wish you good health and look forward to writing you again in the Spring.

Scott Reiner



FAPT and Alternate Multidisciplinary Teams (SEC Policy 3.2) Family Engagement (SEC Policy 3.3)

Through the consideration of the State Executive Council and with feedback from the CSA communities, the revised policies for FAPT and MDTs and Family Engagement were adopted in December 2021. These policies were reviewed and updated as part of the Policy and Oversight goal of the SEC Strategic Plan.



Be sure to check out the updated <u>Policy Manual</u> for more information!

A new year and nearly two years of experience in managing life and providing CSA during the COVID-19 pandemic can provide a timely opportunity to review important CSA data and complete the Continuous Quality Improvement (CQI) steps: **Plan, Do, Act, and Check.** What changes have been observed or implemented since the declaration of the pandemic in March 2020?

Have there been any required changes in operations, local priorities, and service utilization? How about any new collaborations or new data collected related to COVID-19?

- What have been the effects on services provided or offered?
- What changes have there been in service requests?
- Have expenditures increased, decreased, or stayed the same?



Although the COVID-19 pandemic may have dramatically altered certain aspects of everyday living and service delivery, best practice in results-based accountability (RBA) does not always call for significant changes in the data we look at or review. The three key questions of RBA and CSA CQI also remain the same: How much did we do? How well did we do it? Is anyone better off?

In this respect, maintaining consistency with the type of data reviewed and key outcome measures is most positive. Mark Friedman, expert and creator of Results-Based Accountability (the foundational basis of CSA CQI), does not advise leadership teams and programs change the actual data reviewed simply for the sake of change. "If a leadership team is always changing what measures they looked at, they would never be able to see a potential benefit or problem since there would likely be no context or historical evidence. Always changing what you measure never allows you to get to the root cause of outlying data because you never see any outlying data."

CSA CQI provides powerful data and tools, which are easy to access and use on the OCS website at https://www.csa.virginia.gov/Resources/ContinuousQualityImprovement. The landing page presents an "At-A-Glance" view of key and consistent data from each of the last five fiscal years. Find your locality's information by clicking on the drop-down arrow under "Location."



Data is updated through 01/05/2022

(continued on page 4)

What has changed over the course of the last 1-2 years? What key elements have remained the same? What are the recommended changes in your local CPMT goals and plans for 2022, 2023, and beyond? These are important questions to ask and answer. CSA CQI provides the consistent and easy-to-access tools for successful assessment of what has happened and changed for CSA, before, during, and what we hope will be soon after the COVID-19 pandemic.

For questions about CQI, contact Zandra Relaford at zandra.relaford@csa.virginia.gov.





Planning for the 11th Annual Commonwealth of Virginia CSA Conference is already underway. This year's theme is "Connections Matter," which celebrates our anticipated return to an in-person conference.

OCS is seeking proposals to provide training sessions. The audience will be child-serving professionals from public sector agencies (e.g., child welfare, behavioral health, juvenile justice, and education), private service providers, as well as family advocates and representatives. Areas of interest include, but are not limited to: Evidence-Based Practices, Service Innovations/Evidence-Based Programs, Self-Care, Local CSA Program Spotlight, Family-driven Practices, and Leadership Skills.

Sessions will be conducted in-person (with a potential for limited live streaming) and should be 90 minutes in duration. However, there may be opportunities for presentations that would take place over two sessions (180 minutes in total). Please be sure to indicate on the application if you are proposing a two-session presentation.

All proposals are due by *July 13, 2022*. Proposal acceptances will be sent out by *August 1, 2022*. Click <u>HERE</u> to download the proposal form. Please send your completed forms to <u>csa.annualconference@csa.virginia.gov</u>.

Follow us on Facebook (https://www.facebook.com/CSAOffice) and Twitter (https://twitter.com/CSAConferenceVA) for information on conference events.



CANVaS 2.0 Longevity Reports



Are you making an impact? Are the children you serve showing improvement in functioning?

Carol Wilson, OCS Program Consultant

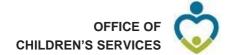
In our last OCS newsletter, we began a series of articles on the CANVaS "Longevity Reports" to assist your CPMT in accessing and using these reports for identification of service needs and measurement of outcomes. In the first article, we looked at the "Key Items" Report, which allows a locality to see which items in selected domains emerge as the most frequently rated actionable needs during a specified time frame. *Reminder*: Actionable items are those CANS items which have been rated either a "2" or a "3."

We'll focus on the simpler "Average Impact" Report in this edition of the newsletter. This report measures the increase or decrease in actionable items over a chosen time frame, allowing the user to see if intervention and services have been effective. Items for this report are drawn from the Life Functioning, Emotional/Behavioral Needs, and the Child Risk Behavior domains.

The user must select a time frame, which creates a cohort of those children whose Initial CANS occurred during that period. The user may then choose at which intervals (3 months, 6 months, etc.) to draw a Reassessment CANS to compare with the Initial.

We'll walk through how to access and understand this report using Locality X as an example.

- 1. To locate the "Average Impact" report, click on your "Reports" tab and then "Longevity Reports" in CANVaS.
- 2. Next, select "Average Impact."
- 3. A page with multiple fields will pop up to help you define the parameters of your report.
- 4. The state and your locality will populate automatically unless you have access in more than one locality. If so, select the locality you wish to view.
- 5. Choose "All" in the "Case Manager" drop down box.
- 6. For "Assessment Type," you can select Birth to Four or Ages 5+. For the broadest search, click on "Both" or whichever age group you want to see. Many of the children served by CSA are in the Ages 5+ category; so, in our example, we will look at both Comprehensive and Reassessment versions for children and youth Ages 5+.
- 7. For "Initial Date Range Start" and "Initial Date Range End," create a time frame for Initial Assessments. The Initial Assessments selected during this time frame will be your baseline. The dates for the Initial Assessments must be far enough in the past to compare to Reassessments completed since then. For example, if you're looking at 3-month intervals for Reassessments, you should select a time frame greater than at least six months in the past. In our example, we've chosen 01/01/2019-12/31/2019 as our time frame for the Initial CANS.
- 8. For "Reassessment Days," choose the intervals at which Reassessments are done in your locality to get started. You can always choose other options as well. In our example, we'll look at 3 months, 6 months, and a year.



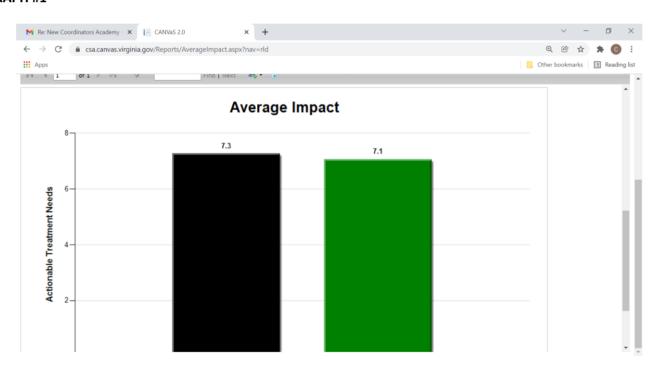
CANVaS 2.0 Longevity Reports (continued)

- 9. For "Discharge," select "Include Discharge Summaries" to gather the most data. We have opted to include Discharge assessments in our example.
- 10. Then, select your cohort by referral source. Selecting "All" will provide the most information. However, you can choose any single referral source or combine multiple ones. For this example, we'll select "All."
- 11. Lastly, please click on "View Report" in the upper right hand corner of the screen.

The first page of the report will provide a summary of the parameters you requested. Scroll down to see the graph you've created.

In our example of Locality X, Initial CANS were completed for 60 children in the defined time frame, which was then compared to those children's Reassessment CANS at 3 months. On the graph, only a slight decrease in actionable needs is noted, from 7.3 to 7.1. (See Graph #1) It would not be unusual to find only a slight decrease or even an increase in actionable needs for the first Reassessment CANS done at 3 months. Often, not much information is available for the Initial CANS. By the time the Reassessment CANS is administered, the rater has learned more about the child and family, so more actionable needs may have been identified. However, the goal is to see a trend to fewer actionable needs over time.

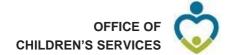
GRAPH #1



Next, select six months as the time interval for your Reassessment CANS. (Note: Remember after you change the time interval, be sure to click "View Report" in the upper right hand corner of the screen.)

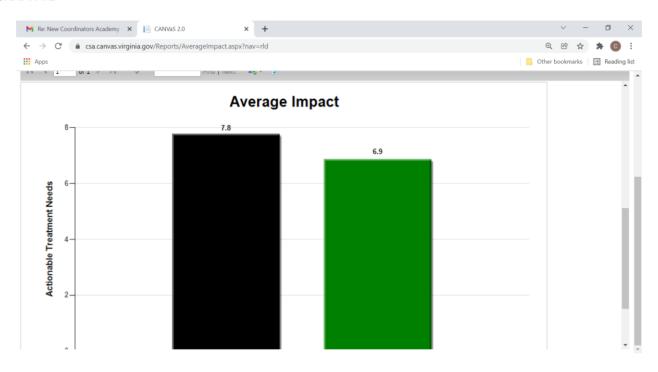
When looking at the cohort for the six-month interval, the same downward trend is noted (Graph #2). At six months, there is a greater drop in the number of actionable needs from 7.8 to 6.9.

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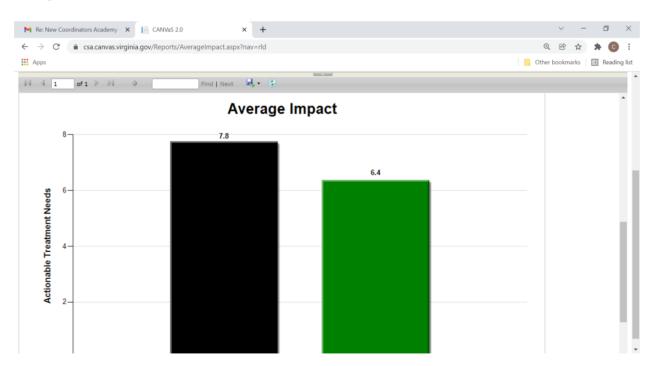
CANVaS 2.0 Longevity Reports (continued)

GRAPH #2



Lastly, let's select a year. At a year, we see even more of a decrease in Actionable Needs for these children, from 7.8 to 6.4.

GRAPH #3



Clearly over time, actionable needs are decreasing for Locality X, meaning that children are showing improved functioning. The conclusion for this locality would be that yes, their system of care and services are making a difference for children and families. Take a look to see what your locality is accomplishing!

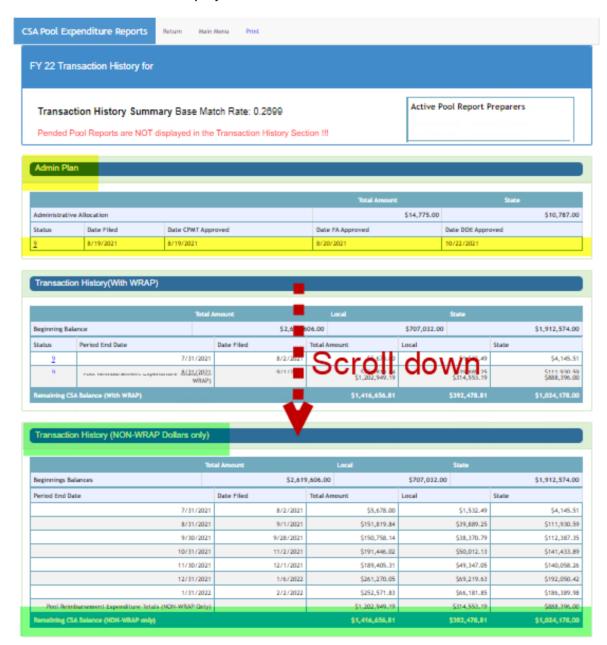




Pool Transaction History Report:

This report can be accessed from two places:

- 1. On the CSA website click on Statistics and Publications→ Statewide Statistics→ CSA Pool Expenditure Reports → Transaction History Statistics and Publications → Statewide Statistics → CSA Pool Expenditure Reports → Pool Transaction History → Select the FIPS & Program Year and click the "Go To Page" button
- 2. Inside Local Government Reporting login under the respective modules of Report Preparer / Fiscal Agent / CSA Coordinator / CPMT Chair under Report section → Transaction History → click on the Fiscal Year displayed



(continued on page 9)



Supplement Requests:

For Fiscal Year 2022, the Supplement Request Form calculations will be based on the actual match rate for the expenditure category.

Before filing a supplement, check on the remaining allocation balance for the fiscal year. The remaining allocation balance can be found in the Pool Transaction History Report (Green highlighted section) of the above displayed report.

If the locality has an insufficient balance message on the Pool Reimbursement Report Approval screen, please **DO NOT** request a deletion of the LEDRS file. Click the supplement button and enter in the supplement request into the system.

Once the supplement request is submitted, the CPMT Chair has to approve it. Once approved by the CPMT Chair, the Fiscal Agent needs to approve it. Then, the OCS Business Manager will fund it.

Administrative Plan:

The status of the Administrative Plan can be verified on the locality's Pool Transaction History report (Yellow highlighted section on page 8), based upon the following status codes:

Status	Action
1	Submitted by the CSA Coordinator
3	Approved by the CPMT Chair
5	Approved by the Fiscal Agent
9	Approved for payment

The dates show when the action took place.

The locality's CSA Coordinator is responsible for submitting the Administrative Plan. The following message will appear at the top of the screen when the Administrative Plan has not been submitted:

Locality has NOT filed the Administrative Plan for current Fiscal Year. The Administrative Plan needs to be filed and approved fully by Locality by 6/16/2022.

Password Requirement Change:

Due to Commonwealth security requirements, all CSA IT system users need to change their password in the Local Government Reporting system every 42 days. New passwords cannot be the same as a previously submitted password.

All Users must utilize a strong password that:

- Is at least eight (8) characters with a maximum length of 15 characters;
- Contains at least one numeric character and one special character;
- Contains a mixture of at least one uppercase and one lowercase letter; and
- Cannot be reused.



Utilization Review: The "What" and the "Why"

By Anna Antell, OCS Program Consultant



Utilization Review (UR) is the process of assessing the necessity, appropriateness, and effectiveness of services. In CSA, UR occurs at the child and family level, measuring the progress of the youth and family toward the goals and objectives in the Individual Family Service Plan (IFSP). UR is the process by which the Individual Family Service Plan (IFSP) and services are reviewed, and recommendations provided to the Family Assessment and Planning Team (FAPT), the case manager, and/or the service provider regarding the service plan and funded services. UR is a form of checks and balances; it asks, "Are we getting the results we hoped for? Are things getting better? How do we know?"

In September 2020, OCS released updated UR Guidelines. The Guidelines outline the UR requirements, overview the best practices of UR, and provide a structure for implementing quality UR at the local level. Embedded in the Guidelines are sample UR's as well as several tools localities can utilize for their UR program. We invite you to review the Guidelines which can be found here: UR Guidelines.

While UR is required for all CSA funded services, UR is more than just a requirement. When done well, UR strengthens the service planning process by deepening family and youth engagement, supporting local partnerships, and producing positive outcomes. Please reach out to Anna Antell (anna.antell@csa.virginia.gov) with questions or UR needs.



Audit Process Improvements: Program Audit Activities

Auditor's Corner

Submitted by: Stephanie Bacote, Program Audit Manager

There's nothing quite like a global pandemic to propel a reexamination of existing processes in search of new ways to improve operational practice and efficiency. The Program Audit Team, otherwise self-branded as "The A-Team" (no copyright and/or trademark infringement intended) has embraced the moment. Through an assessment of our own internal practices, we discovered opportunities to augment existing techniques. These changes were introduced at the virtual Annual CSA Conference in October 2021. For those that missed the conference presentation, this article discusses three process improvements for Children's Services Act (CSA) program audits:

REMOTE AUDIT PROCESS



The ability to perform audit procedures onsite, particularly confidential records, is central to our standard audit process. Likewise, ensuring the health and safety of audit staff and local stakeholders is of utmost importance. Uncertainty remains as to when we will be able to safely resume normal operations. Until such time, the remote audit process will replace our standard audit process. Key points to keep in mind about the remote audit process:

- The A-Team will objectively evaluate alternate procedures adopted locally to ensure continuity and access to services and funding impacted by COVID-19.
- All documents, including confidential and sensitive information, must be encrypted/password protected upon transmission. After receipt of a formal request (by encrypted email) for documentation from the auditor-in-charge, the CSA Coordinator will forward the requested documents as attachments using the reply function of the encrypted mail.
- Questions regarding document requests and client records should be directed to the assigned auditor-in-charge.
- Debriefings to discuss the audit results shall be via videoconference, where feasible. Meetings
 will be scheduled with the CPMT Chair, Fiscal Agent, and CSA Coordinator unless otherwise
 requested by the audit client. The CPMT Chair will be responsible for sharing results (i.e. draft
 report) with the full CPMT.

DOCUMENT SUBMISSION TIMELINES



Readily accessible and available documentation affects the overall time it may take to complete an engagement. The audit process is generally flexible with the time allotted for providing requested information. In some instances, this flexibility has created lengthy delays in delivering the final audit report. To improve the efficiency of our audits and the timely issuance of final audit reports, specific due dates for submitting requested documents have been established as follows:

Document Type	Audit Stage	Due Date
Initial Request	Planning (start of engagement)	Two (2) weeks from date written request is received
Follow-up/Clarification	Fieldwork (audit in progress)	Two (2) weeks from date written request is received
Client Comments	Reporting (presentation of results)	Two (2) weeks after exit conference/debriefing, or One (1) week following the first CPMT meeting that occurs after the exit conference (Audit and CPMT must confirm agreement during the debrief)
Quality Improvement Plans (QIP)	Follow-up (establish and monitor corrective action)	Self-Assessment Validations Thirty (30) calendar days after receipt of final report Onsite Engagements Forty-five (45) calendar days after receipt of final report

Key points to keep in mind about the document submissions:

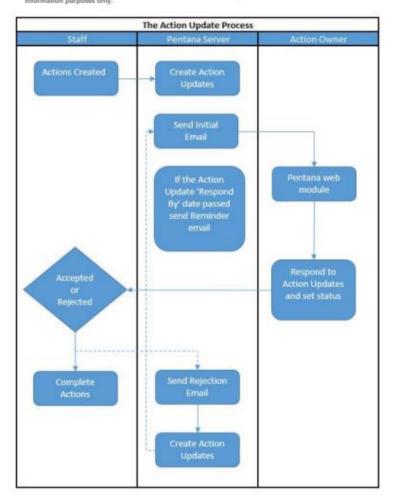
- There will be no follow-up request for documentation where the due date for submission has passed.
- Audits will proceed accordingly where requested documents are not received by the due date.
- Effective for all FY 2022 engagements.

QIP UPDATES



CPMT and auditors should continuously monitor implementation of the QIP as a means to ensure reported audit observations are addressed appropriately and timely. OCS program auditors use Pentana Audit Management Software, which includes a module referred to as "Action Tracking" that allows for timely and ongoing monitoring of the status of QIP tasks (i.e., action items). The application monitors "Action" status based on the implementation dates provided by clients. The process flow is pictured below.

Action Update Work Flow The diagram below shows the normal work flow around Action Updates and has been included for



Key points to keep in mind about the process:

- Reminder notifications are auto-generated and distributed via email.
- A link to web-based action tracker is included in the email.
- Update notifications will continue until QIP/Action is marked by an auditor as ACCEPTED.
- Instructional materials and virtual training sessions are in currently in development. Localities will be notified once resources are available for deployment.
- This process is applicable to audits scheduled for the FY 2022 audit cycle, which began on July 1, 2021.

If you found this article useful and you are interested in more discussion on this topic, please contact any of the program audit staff. Contact information is available on the CSA website (https://www.csa.virginia.gov). Also, be sure to check the OCS newsletter, "CSA Today," for future articles.



Defining CSA Mandate Types & CSA Pool Fund Expenditure Categories

By Mary Bell, OCS Program Consultant

Since 2014, the Office of Children's Services (OCS) has worked to bring clarity and consistency to some of the financial and funding processes relating to the Children's Services Act (CSA). In this edition and the next, we will briefly identify a few areas of financial reporting that assist localities in obtaining state reimbursement for purchased services through the CSA.

The first area identified is the *Mandate Type* (*MT*), which refers to the statutory eligibility requirements for children/youth to receive CSA state pool funds (<u>COV § 2.2-5211</u>) and/or how the child/youth received services through the CSA system. A Mandate Type is associated with each service purchased. Eligibility for services through CSA and access to state pool funds are intertwined. Children or youth, who are defined as younger than 18, over the age of 18 through age 21 who are eligible for foster care services, or students with disabilities receiving special education services from ages 2 to 22, must meet the specific criteria, or mandate type, to access CSA.

The following mandate types are used by localities in reporting in order to receive state reimbursement for expenditures under CSA:

Population	Mandate Types		
Children/Youth eligible for foster care services	MT 1: Foster Care Abuse/Neglect — Prevention		
	MT 2: Foster Care Abuse/Neglect — DSS Non-Custodial Agreement		
	MT 3: Foster Care Abuse/Neglect — Local DSS Entrustment/Custody		
	 MT 4: Foster Care Child in Need of Services (CHINS) — Prevention 		
	MT 5: Foster Care CHINS — CSA Parental Agreement		
	MT 6: Foster Care CHINS — Entrustment/Custody		
	MT 7: Foster Care — Court Ordered for Truancy		
	 MT 8: Foster Care — Court Ordered for Delinquent Behaviors 		
	MT 12: Kinship Guardianship		
Students with disabilities who are eligible for special education services	 MT 9: Wrap-Around Services for Students with Disabilities MT 10: Special Education Services in an Approved Educational Placement 		
Non-mandated	MT II: For children who meet eligibility in a CSA target population, but does not meet criteria for sum sufficient funding		

The list of mandate types and their definitions can be found by clicking this link: https://www.csa.virginia.gov/content/doc/Mandate Type Definitions.pdf.

The second area covers the *Expenditure Category*, which describes the service source of the CSA's costs. The expenditure category establishes the local match rate for specific types of services. The local match rate for "residential" services is 25% higher than the base local match rate. Services identified as "community-based" are 50% below the local match rate. The list of expenditure categories and definitions can be found <u>here</u>.

We will cover the areas of Service Placement Types and Service Names in the next edition of CSA Today.

Useful resources regarding CSA financial reporting can be found in the Resources \rightarrow Guidance \rightarrow Funding and Financial Reporting section of the CSA website. You may also refer to the CSA User Guide (Section 5.0 and Section 6.0) and COV \$ 2.2-5211 for more information.



From the Business & Finance Manager Kristy Wharton

It's hard to believe, but we are officially halfway through Fiscal Year 2022. As we approach the end of the year, below are some reminders and upcoming process improvements that will be introduced for year-end close out.

- Refunds: Please be mindful of processing your locality's required refunds for SSI, parental support, etc. Almost half of localities have not processed refunds for this fiscal year. If your locality is receiving funds that need to be refunded to CSA, please process those in a timely manner.
- Administrative Funds: Several localities have not submitted their Administrative Funding reimbursement requests for FY 2022. You may submit your questions to Kristy about obtaining your locality's funding.
- Supplements: Our IT Department is working very hard to launch a new LEDRS process for requesting supplemental allocations for FY 2022. They expect to have it up and running by the end of the third quarter. Information regarding training on the new module will be communicated in the next few weeks.

If you have questions about these processes or other finance-related processes, please contact:

Kristy Wharton

kristy.wharton@csa.virginia.gov



Transferring a Family to Another Locality

Submitted by Courtney Sexton, OCS Program Consultant

Occasionally, a locality may need to transfer a family who is actively involved with their local CSA Program to another jurisdiction following the family or child's relocation. To ensure the needs of families are met on a continuing basis, the process for transferring to another locality is provided in the <u>CSA Policy Manual</u> in <u>Section 4.2</u>: Payment for Services and Change of Legal Residence.

In this section of the CSA Policy Manual, the responsibilities of all parties involved in the transfer process are outlined.

The CPMT jurisdiction where the child legally resides shall be responsible for payment for the services identified in the child/family's Individualized Family Service Plan (IFSP). If there are any questions regarding this determination, please address these through the legal services assigned to the CPMT.

Once a transfer out of a locality is determined to be occurring the transferring locality is responsible for:

- 1. Providing written notification to the new CPMT jurisdiction that the child's residency has (or will be) changed;
- 2. Forwarding the child/family's most recent Individualized Family Service Plan and other CPMT documents to the receiving locality (an additional Consent to Exchange may be necessary to forward this information);
- 3. Informing service providers of the change in jurisdiction; and
- 4. The former CPMT will be responsible for funding the services identified in the IFSP for 30 calendar days after the new CPMT received written notification of the child/family's new residence within their locality.

The receiving locality is responsible for:

1. Reviewing the current IFSP and either adopting or revising the plan, as well as implementing services within 30 calendar days of the notification.

CSA programs are encouraged to:

- 1. Keep track of the child/family's residency status;
- 2. Notify receiving CSA programs as soon as they know a child/family is pending a move to facilitate planning; and
- 3. Work cooperatively to resolve issues related to legal residence.

If you have any additional questions when transferring locality, please feel free to reach out to the Program Team at OCS.



Welcome Carrie Thompson OCS Research Associate Senior



The Office of Children's Services welcomes our new Research Associate. Carrie Thompson, who joined the team December 10, 2021. In her academic pursuits, she has earned a Bachelor's degree in Social Work through Colorado State University and a Master's degree in Public Administration through the Virginia Commonwealth University.

In an early part of her career, Carrie worked in academia and nonprofit settings, assisting with data analysis, visualization, and strategic planning.

For the last 8 ½ years, Carrie has worked in Virginia executive branch agencies in Policy

Specialist and Data Analyst roles. Most recent was the Prevention/In-Home Data Prevention/In-Home Data Analyst with the Division of Family Services in VDSS.

Carrie lives with her 13-year old daughter, prefers cats over dogs, and spends her free time crafting, lounging, and enjoying the outdoors whenever possible.



OCS Office Hours

Join the OCS staff for updates and open Q&A sessions on key CSA topics:

March 18, 2022 CSA Data
April 22, 2022 IT Update
May 20, 2022 CANS

The virtual meeting starts at 9 a.m. and you can join by clicking this link:

https://global.gotomeeting.com/join/179245077.

See you there!



New Behavioral Health Services for Adults and Youth

Since July 1, 2021, Medicaid began covering an initial set of behavioral health services to promote the stabilization and healing of children and adults, who would not otherwise have access to quality, evidence-based services. Through the continued efforts, advocacy, and support from the Departments of Behavioral Health and Developmental Services (DBHDS) and Medical Assistance Services (DMAS), providers, advocates, and stakeholders, the addition of new services has been achieved.

On December 1, 2021, Virginia Medicaid members gained access to six new behavioral health services that strengthen the crisis response in addressing the emergent needs of children's mental health care and provide supports for individuals with developmental disabilities. There was also the establishment of the Marcus Alert programs in select regions across Virginia, which aims to promote evidence-based responses to behavioral health emergencies and reduce negative outcomes involving law enforcement interactions with individuals experiencing crises. These endeavors were accomplished through the multi-phase initiative known as **Project BRAVO** (Behavioral Health Redesign for Access, Value, and Outcomes).

The new services covered by Medicaid include:

- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Mobile Crisis Response
- Community Stabilization
- 23-Hour Crisis Stabilization
- Residential Crisis Stabilization Unit



For more information on these services and other Medicaid-related inquiries, visit https://www.dmas.virginia.gov/.

Check out the <u>DBHDS website</u> to learn more information on services relating to mental illness, developmental disabilities, and substance-use disorders.





Resource Round-Up





Looking for materials from the 2021 CSA Conference?



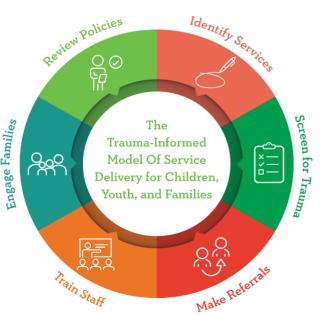
Look no further...

Check out the CSA website for copies of the <u>presentations</u> today!



Virginia HEALS has developed a Trauma-Informed Model of Service Delivery that promotes policies and practices to identify children who have experienced trauma and provides them with coordinated support based upon their individual needs.

Click on the <u>toolkit</u> and <u>e-Learning courses</u> for more information!



TA Question of the Quarter



Our locality has multiple questions about the implementation of the new "transitional educational services" that may be provided by CSA. What is the purpose of these funds? Who is eligible? Should they be listed on the child's IEP? What happens when CSA funding ends after 12 months?

The 2021 General Assembly created a category of CSA eligibility, "transitional educational services" to encourage and explore ways to support students with disabilities in gradually moving from the more structured environment of a private educational placement* to the public school setting. The statutory language is included at the end of this response.

Eligible children are those who have been in private day placements for at least six of the last nine months, allowing for summer break. Local schools and FAPTs may wish to carefully identify which children have the best chance to succeed in transitioning to return to placement in public school.

CSA-funded transitional services may be provided for up to 12 months, or 12 of 15 months allowing for summer break. If a school system has year-round school, the 12-month time frame applies. The educational transitional services must be on the child's Individualized Education Program (IEP). Unless the IEP team meets prior to the end of the 12 months to revise the IEP, those services will remain a part of the child's special education plan provided under FAPE protections. Like any other IEP services, the parents will need to agree to the removal or revision of the services. If the services remain on the IEP, the school district will be obligated to provide the services with other funding.

If a child moves from one school district to another, the 12-month (or 12 of 15) clock does not reset. For a child who has been receiving transitional educational services in Locality A for six months and moves to Locality B, only six months remain of CSA funding for the transitional educational services.

If a child who attends private day is placed in a group home in another locality, transitional education services may be provided in the public school where he resides if the IEP team determines a transition to public school is appropriate. The locality holding custody or fiscal responsibility for the child (as with a CSA Parental Agreement) is responsible for the costs of the transitional services.

<u>COV §2.2-5211.F</u> allows for the provision of a broad array of services. These services are intended to be provided during the school day in the public school setting.

For coding in LEDRS, use the following:

Expenditure Code: 2g — "SPED Private Day"

Mandate Type: #10 — "Special Education Services in an Approved Educational Placement"

Service Placement Type: #6 — "Special Education Private Day Placement" **Service Name**: #48 — "Public School Special Education Transitional Services"

COV §2.2-5211. State pool of funds for community policy and management teams.

B. 6. Children and youth previously placed pursuant to subdivision 1 in approved private school educational programs for at least six months who will receive transitional services in a public school setting. State pool funds shall be allocated for no longer than 12 months for transitional services, Local agencies may contract with a private school education program provider to provide transition services in the public school.

F. As used in this Section, 'transitional services" includes services delivered in a public school setting directly to students with significant disabilities or intensive support needs to facilitate their transition back to public school after having been served in a private special education day school or residential facility for at least six months. 'Transitional services" includes one-on-one aides, speech therapy, occupational therapy, behavioral health services, counseling, applied behavior analysis, specially designed instruction delivered directly to the student, or other services needed to facilitate such transition that are delivered directly to the student in their public school over the 12-month period as identified in the child's individualized education program.

*Although not as likely as a transition from private day, "transitional educational funds" may be used to support the transition of a child from a residential **IEP** placement (not a placement for emotional/behavioral reasons) to public school. All of the above requirements and expectations apply.



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